

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 045 ***150.00

DOCUMENT # *pg4 000011016*

1. Entity Name
Midcoast Yacht SALES, INC



DO NOT WRITE IN THIS SPACE

40000200

2. Principal Place of Business
818 SE 9th St
Suite, Apt. #, etc.
Okeechobee, FL
City & State

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State

Zip
34974 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-072037 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

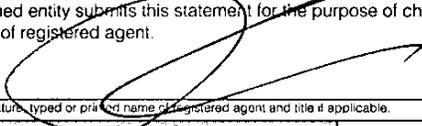
7. Name and Address of Current Registered Agent

Name
John A Ames

Street Address (P.O. Box Number is Not Acceptable)
818 SE 9th St

City
Okeechobee FL Zip Code
34974

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE
4-19-2005

(NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<i>PS John A Ames</i>	TITLE	
NAME	<i>John A Ames</i>	NAME	
STREET ADDRESS	<i>818 SE 9th St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Okeechobee, FL 34974</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE
4-19-05 8637637623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)